## FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

			Office Use Only
1. NAME OF COMMITTEE (in full) USE FEC MAON OR TYPE OF	ALLING LABEL Example: If ty over the line	ping, type	
Crowley for Congress			
ADDRESS (number and street) 84-54 Gr	and Avenue		
Check if different than previously reported. (ACC)		NY NY	11373
2. FEC IDENTIFICATION NUMBER \(\pi\)	CITY 🛋	STATE A	
C00338954	3. IS THIS REPORT	NEW (N) OR X (A	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)	(b) 12-Day <b>PRE</b> -Election Primary Conver	(12P) Gene	eral (12G) Runoff (12R) cial (12S)
October 15 Quarterly Report (Q3	Election on		in the State of
X January 31 Year-End Report (YE	(c) 30-Day <b>POST</b> -Election	n Report for the:	
	Genera	II (30G) Runo	off (30R) Special (30S)
Termination Report (TER)	Election on		in the State of
5. Covering Period 1 0 0 1	2 0 0 5 thro	ugh 12 3	1 2005
I certify that I have examined this Report and to Type or Print Name of Treasurer Sco	he best of my knowledge and belie t Kaufman	of it is true, correct and comp	lete.
Signature of Treasurer Electronically Filed by	Scott Kaufman	Date 0	9 21 2006
NOTE : Submission of false, erroneous, or incompared to the control of the contro	nplete information may subject the	e person signing this Report t	o the penalties of 2 U.S.C 437g.
Office Use Only			FEC FORM 3 (Revised 02/2003)